



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 980-08

State No. 4:25p.m. Mar 19, 2008

Form with fields for Decedent's Name (MARIE A. MICHALAK), Maiden Name (Lapcis), Date of Birth (Mar 10, 1920), Date of Death (Mar 19, 2008), Social Security Number (336-18-1440), and Cause of Death (Chronic Lymphocytic Leukemia).

TICOR TITLE INSURANCE 928-6309-464 K#45-08-34-381-007-000-000

